

Level of Community Awareness and Public Image of the Nursing Profession in Saudi Arabia

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Abstract - Nursing has been around since the dawn of humanity, and it has evolved and advanced alongside globalization. Nursing, like all professions, is profoundly shaped by the culture of the people it serves. Even more so, the public perception of nurses seems to be negative in nations where cultural traditions substantially restrict women's participation in employment outside the house. Despite the fact that many people enjoy working with patients, some are reluctant to become nurses because of the negative stereotypes they have heard about the profession. The failure to increase nurse education contributed to the formation of the prevalent negative perception. The nursing profession in the Kingdom of Saudi Arabia confronts considerable obstacles, such as a dearth of high-achieving students enrolling in nursing programs, an unclear nursing identity, and a general lack of public knowledge of the field. Boosting the public's perception of nurses and the nursing profession is essential to increasing the number of people entering the field and keeping them there, as well as to bolstering nurses' own sense of worth.

Keywords - Nursing image, Nursing profession, Challenges, Vision, Socio-cultural barriers, Perception, Awareness, Saudi Arabia.

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INTRODUCTION

As humankind has spread around the globe, so too has the profession of nursing grown and developed. The culture of the healthcare industry is a major influence on the practice of nursing [1, 2]. Image is described as a mental representation of a person or object, according to Cambridge. To the same extent, the public's perception of nurses is crucial to the success of the nursing profession [3]. It is the public's conception of the profession. Most significantly, nurses may experience depression or decreased productivity if they perceive that others have a poor impression of them [4]. What's more, the public's perception of nurses has a direct impact on the number of people interested in becoming nurses, the number of nurses who stay in the field, the respect with which nurses are held, the value placed on nurses, and, ultimately, the health and happiness of individuals, families, and communities [5-8]. Additionally, media like as television and film have long contributed to shaping public perception of nurses by reinforcing gender stereotypes and depicting nurses either as the doctor's assistant rather than a colleague, or as a mere background figure [9, 11]. Meanwhile, Stanley looked at how nurses have been portrayed in movies since 1900 and discovered that early films portray women as "self-sacrificial" or "sexy." Newer depictions, however, characterize them as "self-confident" experts [12]. Nurse recruitment may be hampered by media portrayals that are either inadequate or send mixed messages [13,14]. Nursing is a profession that may be misunderstood by the general public due to inaccurate

portrayals in the media [15]. A number of studies have analyzed how doctors view nurses, while others have looked at how patients view them. There have been studies into the public's perception of nurses as well as nurses' portrayal in the media. The public's conventional view of nurses has been found to have a substantial effect on nurses' expectations for job satisfaction, self-esteem, self-concept, job performance, intention to leave the profession, and professionalization [4].

The nursing profession in the Kingdom of Saudi Arabia confronts considerable obstacles, such as a dearth of high-achieving students enrolling in nursing programs, an unclear nursing identity, and a general lack of public knowledge of the field. The public's perception of nurses and the nursing profession is important for attracting new students to the field, keeping current students in the profession, and fostering professional growth within nurses [16]. Additionally, rich, low, and middle-income countries all worry about the perception and value of nursing [7, 11]. Advocates for the nursing profession in academia, government, and the medical field are desperately needed.

SAUDI NURSE ISSUES

The difficulty of enticing natives to enroll in nursing schools is a contributing factor to the scarcity of nurses. Unfavorable public view of the nursing profession is partly to blame for the shortage of students enrolled in nursing programs. In a report on

nursing education for Saudi professors and administrators, several difficulties were found. These included issues in the workplace, such as bad working conditions and language obstacles, as well as broader issues in society, such as a lack of acknowledgment for Saudi nurses as a profession. This reticence may also have cultural underpinnings. In Saudi Arabia, males impose a rigid code of behavior on females, and women are expected to comply. There were no public schools for girls and no paid work opportunities for women before 1969. Woman's rights to education have been expanding slowly but surely. However, funding for this purpose has primarily been allocated to culturally suitable occupations, such as teaching. Until recent decades, when funding for females to become nurses was encouraged, Saudi women actively sought employment despite minimal softening of traditional attitudes [7]. As a result, in stark contrast to the nursing workforce in most other countries, men now make up 25% of the Saudi labor force and 50% of Saudi nurses. However, in Saudi Arabia, nurses have a poor reputation among the general public. Religion and culture in Saudi Arabia enforce rigid gender roles, yet professional considerations have led to relatively little segregation of the sexes in the nursing profession. Women in Saudi Arabia's nursing workforce and their families are unhappy with their decision to care for male patients, which has a negative effect on the profession's image. In a survey conducted to gauge the general public's opinion of nurses in Saudi Arabia, more than a third of respondents said that having employees of both sexes was a factor that made them think twice about entering the profession. It is expected of Saudi Arabia's female nurses that they treat patients of the opposite gender. Many Saudi female nurses faced additional challenge, including a heavy workload and, up until recently, the inability to drive as a result of the country's strict social traditions. And, of course, we all know that families are the backbones of our communities and our identities. The best way to keep the peace within the family is to treat each member with the utmost respect and to offer them love and support whenever possible. Because of the nature of nursing work, it is frowned upon in polite company. Weekend shifts, overnight shifts, holidays, and long workdays all play a role in keeping people away from their families for extended periods of time. As a result of all these reasons, Saudi nurses have less time to devote to family responsibilities. Working conditions and caring for male patients are regarded culturally unsuitable due to tight gender segregation, which discourages many women from pursuing nursing as a career. Marriage is highly valued in Saudi culture, thus any obstacles to it are treated very seriously [7]. Findings from a recent survey on the public's perception of nurses in Saudi Arabia corroborate these anecdotes, showing that the majority of Saudis see nurses negatively and that fewer than half of single men would want to marry someone in the nursing profession. This contributes even more to the problem of few natives entering the nursing profession and staying there.

THE HISTORICAL REPRESENTATION OF NURSING IN SAUDI ARABIA

Rufaida Bin Sa'ad Al-Asalmiya pioneered female nursing in the eastern part of the Arabian Peninsula. The Arabic word *rafada*, from which the noun *rufaidah* is derived, meaning "to aid or sustain another person." Rufaidah's father was a famous healer, and she took after him by studying nursing [8]. In addition to her military service, Rufaidah also served as a nurse in times of peace, caring for the sick, teaching other nurses, helping the impoverished, and addressing societal problems [9]. While Florence Nightingale may be considered the pioneer of contemporary nursing in the West, the development of nursing services may be traced back to the simple act of caring for the sick and injured [10]. Though the Saudi government has made an attempt to attract Saudi citizens into the nursing profession, there is still a societal stigma linked to the job [11]. Many Saudis have been dissuaded from entering the nursing profession due to the profession's poor reputation, the lack of a sufficient nursing education system, and the country's deeply held cultural and religious norms. As a result, the first nursing program in Saudi Arabia was established in 1958 at the Health Institute in Riyadh by the Saudi Arabian Ministry of Health and the World Health Organization. The nursing curriculum in Saudi Arabia has evolved significantly since then. King Saud University's College of Nursing pioneered the Bachelor of Science in Nursing degree in 1976. The problem of one's appearance was a primary issue even as far back as the nineteenth century. The 'dark age of nursing' in England during the middle ages and late 1800s is exemplified by Charles Dickens's vivid description of Sairy Gamp and Betsy Prig's unclean working conditions and clothes in *Martin Chuzzlewit*. A Third Look Article, however, referred to Sarah Gamp as Sairy Gamp. Mori's research shows that British citizens are unaware of the high-status nurse's existence. Furthermore, the field of nursing in Canada has seen significant transformation during the past three decades. Despite this, the media still portrays it as "less impartial and less skilled than the medical profession. Nursing is an underappreciated profession in Egypt. Hassan stated in 1980 that two baccalaureate-nursing programs were established in 1955 and 1964, respectively, to improve the nursing profession's reputation. In addition, Meleis discovered that many people in Kuwait were hesitant to become nurses because of the profession's negative reputation, lengthy shifts, and frequent opportunities for intersexual contact. Similarly to Shields, people in the Republic of Indonesia may view nurses more as medical assistants and cleaners than as compassionate caregivers. According to Hartati, medical professionals often view nurses in a subordinate role. This representation may deter today's youth from pursuing nursing as a profession [4]. Because of stigma, family disapproval, cultural and societal beliefs, long hours, and interacting with people of the

opposite sex, nursing is not a popular profession in Saudi Arabia, as it is in many other countries.

The primary concern of Saudi women who were considering a profession in nursing was that they would not be "marriageable" or socially accepted. Even more so, the public perception of nurses seems to be negative in nations where cultural traditions substantially restrict women's participation in employment outside the house. Because of the negative stereotypes surrounding nurses, many young women are reluctant to pursue a career in the field, even if they enjoy it. It's been reported that several wives have dropped out of nursing school because their husbands and family do not respect the profession. The failure to increase nurse education contributed to the formation of the prevalent negative perception. In 1954, the first nursing program ever recorded ran for just one year. Until 2004, only women were able to enroll in nursing school, but that changed when a Bachelor of Science in Nursing (BSN) degree was created specifically for males. New colleges in Saudi Arabia have begun to offer Bachelor of Science in Nursing (BSN) programs for both men and women. However, participation in nursing programs in SA is typically low due to the public's negative perception of the nursing profession. Many foreign nursing workers abruptly left the nation in 1990, during the second Gulf War. Because of this, "Saudization" became an important policy in the healthcare system, since it helped alleviate a personnel issue. Saudi Arabia's nursing system is heavily reliant on foreign nurses, who are brought in from a wide variety of nations with varying religious and cultural norms, social values, and linguistic backgrounds. Because of this, communication difficulties may arise between foreign nurses and their native patients. Most one-year contracts are limited in duration and not renewable once they expire. Finally, it is important to note that the earliest reference to nurses in Islamic culture occurs during the lifetime of Prophet Muhammad. The history of nursing in Saudi Arabia and Islam is deep, however nurses there are not held in high regard. Multiple initiatives have been launched by the Saudi government to increase the number of nurses working in the country. Obstacles remain, however, including hostile work situations, little opportunities to balance work and family duties with long shifts, and a negative public impression of the nursing profession.

THE PRESENT NURSING IMAGE IN SAUDI ARABIA

Nursing has made great strides in terms of professionalism and patient care, but there is still a problem with how the public views nurses and the services they deliver. Some cultures still see nurses as "Angels of Mercy" or "White Angels" who wear white uniforms and whose duties include solely of administering medication and taking patients' vital signs [2]. In addition, these groups and even some doctors and nurses misunderstand the roles of nurses in a healthcare system that relies on them [1]. There is some disagreement in the nursing literature about how much of an effect nurses' uniforms have on their

professional image [11]. The original concept of the uniform was to project a picture of order and cleanliness [12]. The widespread use of identical uniforms by medical and nonmedical personnel is the largest fashion-related conflict in the healthcare industry. There are countries where all healthcare workers, from doctors to dietitians to therapists to housekeepers, all wear identical white uniforms. Due to the stigmatization of nurses, enrollment in nursing education has been low in Saudi Arabia. Negative connotations associated with the profession have been fostered by a variety of factors, including cultural differences, family responsibilities, and the night shift, which is particularly taxing for women in the medical field. However, the Ministry of Education has handled the low enrollment rates in an unfair manner by making it possible for students whose grades prevented them from entering other health-related programs to pursue nursing instead. Numerous studies in Saudi Arabia have pinpointed a number of factors that lead female students to not pursue nursing as a profession. Negative stereotypes about nurses, family strife, long hours, working with the other gender, and the prospect of a lifetime of unhappily-ever-after single Dom are all contributors. Despite this, nurses can be found in every country, with the majority coming from Asia. All of these drawbacks combine to make it extremely difficult to keep national nurses on staff for any length of time, which in turn has led to an overabundance of hiring of foreign nurses. The majority of people do not have a good understanding of what nurses do, said Elmorshedy, AlAmrani, Hassan, Fayed, and Albrecht. Although working the night shift is a reason many people do not choose to become nurses, it is possible that this is related to cultural considerations in the Gulf region and Saudi Arabia where it is not considered appropriate for women to work in this capacity. Lack of independence, helplessness, and inability to make choices all contribute to a poor reputation. The nursing profession also has a negative reputation in Saudi society since it is seen as a job for people of low social status. The Ministry of Health has decentralized its healthcare management during the past decade by establishing a separate healthcare cluster with its own budget. In spite of this, the MOH's upper management decides on matters of regulation, legislation, planning, and investment. Saudi women are permitted to enroll in nursing school, but only if they agree to remain covered while in school, care only for female patients and avoid working in the afternoons or overnights, especially with male doctors. Saudi women and men who choose nursing as a profession, however, suffer a lot of discrimination and challenges due to cultural expectations.

OUR FUTURE IMAGE

For the eighteenth year in a row, Gallup's annual survey has found that nurses have the highest reputation for honesty and integrity among all occupations in the United States. That's indicative of the general public's view of nurses in the US. Proof

that every culture may alter its perception of nurses. It is the goal of the Saudi government to raise the status of nursing to that level, and they intend to do so by showing nurses greater respect and acknowledging their contributions. In order to achieve this goal, we must focus on numerous areas that have the potential to elevate the standing of nurses. As a first step, the rapid transformation of the health care system in the Kingdom of Saudi Arabia necessitates a complete overhaul of nursing curricula, both before and after students get their licenses to practice. That means giving nurses the tools they need to effectively manage care, as well as the knowledge to implement change and enhance service quality. In addition, since education is so crucial to preparing nurses, it needs to be long-lasting and sturdy in light of the positive impacts that will be made on people's lives as a result. Many studies show that higher levels of nursing education and specialization lead to fewer prescription errors and lower death rates. University nursing programs have a direct impact on the caliber of care provided to patients.

In addition to fostering leadership qualities, nurses must be flexible enough to meet the needs of a wide variety of patients. Health policy, leadership, quality improvement, health care funding, and integrative cooperation within the health system all fall under the umbrella of "governance," a term that is presently being used as part of the Kingdom of Saudi Arabia's 2030 vision. Therefore, the psychological training for the many different types of jobs and nursing specializations in the modern healthcare system encompasses both primary and long-term care as well as acute care. Nurses who are well-prepared in terms of education and experience are essential as hospital work continues to evolve and become more complex. When caring for patients in hospitals, nurses often need to make split-second choices. Their survival is dependent on the application of cutting-edge technology, which in turn requires the application of extensive nursing knowledge and expertise in order to analyze and operate. In addition, to prevent the deterioration of patients with chronic illnesses through improved follow-up care outside of hospitals. If we want students to successfully complete degree programs and the written council tests, we need to ensure a seamless educational transfer to higher education. By revising the nursing curriculum, the next generation of nurses will be better prepared to diagnose, treat, prescribe, and administer drugs. That will unquestionably have a positive effect on nursing in Saudi Arabia moving forward. To continue, the Saudi vision 2030 encourages all nursing leaders, educators, and professionals to work together to reform the nursing profession. In order to transform the nursing profession, it is necessary to increase the quality of care provided, strengthen the educational basis, create an independent regulatory body, define the area of nursing practice in light of nurses' expertise, and loosen professional restrictions. In recognizing requirements and then striving to address them, the government of Saudi Arabia has established the groundwork for a bright future through Saudi vision

2030. This goal is the outcome of a collaborative effort by all relevant ministries, which worked together to implement a series of solidarity measures aimed at realizing the vision. The rulers of the Kingdom of Saudi Arabia provided them with unrestricted resources to accomplish that. For 2019, overall budget support for education and healthcare came to SAR 365 billion, providing the greatest evidence yet of the seriousness of this trend. The end goal of the Saudi vision is to raise the profession's stature in the public eye and decrease attrition rates among nurses. One of the greatest segments of the health industry is the nursing profession. For this reason, visionaries' focus was essential for the field of nursing. As part of its Vision 2030 plan, Saudi Arabia hopes to make nursing a more appealing career option. More recent high school graduates should enroll in nursing programs to help alleviate the shortage. As a follow-up to the initial funding provided in the wake of the 2020 Coronavirus Pandemic, the crown prince has pledged to establish a scholarship program for the nursing profession. The quality of healthcare is one of the cornerstones of the vision, and it will improve as nursing education and the public's perception of nurses in Saudi Arabia continue to rise. The Saudi Ministry of Health intends to double the number of certified Saudi nurses and improve working conditions in order to entice more Saudis to enter the nursing profession.

METHODS

Subjects

The current study is to the "Level of community awareness and public image of the nursing profession in Saudi Arabia".

Study settings

Princess NuorahBintAbdulrahman University is located in the Saudi capital of Riyadh (PNU). Since more than 90% of PNU's 50,000 students are enrolled in non-health related programs, we only included them to accurately represent the vast majority of Saudi society. Since PNU is a predominantly female institution and men are traditionally seen as decision-makers in the Arab world, we supplemented our study population with adult male volunteers sourced from the city's major shopping centers. The demographic diversity of mall goers may more accurately reflect local demographics, including age, income, and level of education.

Study design and sampling

502 participants of both sexes participated in our cross-sectional study. Using the assumptions of a 50% a post hoc power analysis revealed that this sample size was necessary to detect a 5% difference in the rate of unfavorable perception with

95% confidence. would have a power of 0.85 to detect differences.

Analysis of data

The data was double-checked for accuracy, and then analyzed with SPSS 21.0. The data was described using percentages, mean, median, and IQR. Both levels of knowledge and perceived difficulty were given a score out of 100. The scores were given as a median with interquartile range because their distribution was not normal (IQR). In order to compare the medians of the groups, we used the nonparametric Mann-Whitney test for two groups and the Kruskal Wallis test for more than two groups, with the Dunn post-hoc procedure in the case of significant results and modified p-values to control type I error. When the probability level was less than 0.05, it was deemed to be significant. Using a multi-stage logistic regression analysis with a backward methodology, we were able to extract the most significant prospective elements in understanding and overcoming obstacles in the female nursing profession. After taking into account confounding factors, the odds ratio of the outcomes together with its 95% confidence interval was calculated.

RESULTS

The sample size was 502 Saudi adults, with a mean age of 22.93 6.76 and a median age of 20 years old. The sample size included 106 males (21.1% of the total) and 396 females (78.9%). Most of them (80.3%) weren't married yet. The majority, 74.3%, had completed four years of college or above; among the total population of 106 males, 70 (66.0%) and 396 females, 303 (76.5%) had completed four years of college or higher (Table 1). While 32% of patients would prefer a Saudi nurse, 81.5% would prefer a female nurse. Table 2 demonstrates that among those who were aware of the nursing profession, 61% placed it below that of physicians. Sixty-nine percent of participants didn't know that nurses could advance to managerial roles, and nearly a third didn't know that people who complete nursing degree programs get the "Bachelor of Science in Nursing" designation.

Table 1- An analysis of the sample's demographic makeup

| Socio demographic characteristics | n = 502 | Frequency | % |
|-----------------------------------|------------------------|------------|------|
| Gender | Male | 106 | 21.1 |
| | Female | 396 | 78.9 |
| Age | 15- | 166 | 33.1 |
| | 20- | 223 | 44.4 |
| | 25+ | 113 | 22.5 |
| | Mean \pm SD | 22.9 \pm | 6.8 |
| Marital position | Married | 99 | 19.7 |
| | Unmarried | 403 | 80.3 |
| Education | Below secondary | 23 | 4.6 |
| | Secondary (Highschool) | 106 | 21.1 |
| | University or higher | 373 | 74.3 |
| House | Private | 352 | 74.3 |
| | Rented | 150 | 70.1 |
| Female nurse in the family | Yes | 149 | 29.7 |
| | No | 353 | 70.3 |

Participants also showed a lack of understanding of how long it takes to earn a BSN degree. Half of the individuals scored less than 50.0% on the awareness scale, and the median score was only 50.0%.

Table 2- Awareness about the nursing profession (N = 502)

| KnowledgeItem | Frequency | % |
|--|---|----------|
| Nursingduties | Providemedicalcare, follow-upandhealtheducation | 196 39.0 |
| | Complementarytophysician | 306 61.0 |
| Graduates with less than a bachelor's degree in nursing typically find work as | Nursespecialist | 67 13.3 |
| | Technicalnurse | 249 49.6 |
| | Don'tknow | 186 37.1 |
| | Nursespecialist | 286 57.0 |
| Bachelor degree holders and their typical occupations | Technicalnurse | 52 10.4 |
| | Don'tknow | 164 32.7 |
| | Twoyears | 22 4.4 |
| Bachelor's degree time frame (Including internship) | Three | 54 10.8 |
| | Four | 97 19.3 |
| | Five | 152 30.3 |
| | Don'tknow | 177 35.3 |
| | Yes | 387 77.1 |
| Nursinghasseveralspecialties | No | 115 22.9 |
| | Yes | 156 31.1 |
| One of the many positions open to nurses is that of hospital administrator. | No | 346 68.9 |
| | Yes | 156 31.1 |

DISCUSSION

The research highlighted a lack of trust in Saudi caregivers and a general lack of knowledge about the nursing profession. Interestingly, one-third of respondents said they would only accept nursing care from Saudis. And only 40% of patients thought Saudi caregivers were outstanding. Nearly 80% are embarrassed to admit they have a nurse in their family, and less than half of men would choose to marry someone in the nursing profession. Among the many challenges identified by the research were a lack of female role models in the workplace, a lag in marriage among female nurses, and a detrimental

impact on personal relationships. There was no significant difference in awareness between the sexes, but those with less education and those who were single or never married were more likely to have limited understanding, as determined by the regression analysis. Those with lower levels of education are more likely to report experiencing hurdles, whereas those who say they have no relatives who are nurses are less likely to do so. The low preference for Saudi caregivers may indicate a negative perception and distrust of the country's caregivers, which is disheartening and discouraging for current Saudi nurses and those thinking about pursuing a nursing career. In addition, 72% of respondents said they would feel embarrassed if a family member worked as a nurse. Findings from a study conducted in Saudi Arabia corroborate ours, showing that neither nursing as a childhood dream nor the encouragement of loved ones played a significant role in the decision to become a nurse. According to one survey, 87.8 percent of Saudis would not want a member of their family to become a nurse. A shocking finding from a Chinese study showed that families would not support their children's pursuit of a career in nursing. It's possible that the overwhelmingly good opinion of nurses held by university students in Oman is due to a reporting bias caused by the preponderance of nursing majors. Second, the health care policies to recruit nationals and the media promotion of the nursing profession in Oman are not the only things to consider. Particularly, a recent study indicated that Saudi authorities and educators in the health care sectors underestimate the skills of Saudi nurses, which may imply a genuine gap between theory and reality. The results of this study, however, imply that the general public considers nursing to be a female-dominated profession. Conventional wisdom also holds that women, in particular, should not accept medical attention from a person of the other sex. Most participants in the current study perceived nurses as supporting doctors in healthcare settings, and almost a third of the population does not understand what nurses perform for a living. Participants have no idea how long it will take to earn a bachelor's degree in nursing.

CONCLUSION

The public's misperceptions of nurses must be dispelled through widespread publicity. The first step toward a better scenario and increased employment is educating the Saudi public on the significance of Saudization in the healthcare sector. Consequently, the level of trust between the Saudi nurse and their patients would improve. In addition, the leaders of the nursing profession play a crucial role in shedding light on their roles and dispelling common misconceptions about the field through their frequent participation in gatherings of officials, frequently followed by media interviews (on TV or in print). Similar to how nurses need to know they have the power and duty to initiate change, nurses must believe in them. Getting involved in health policy issues shows that you take them seriously and are a professional, and it gives you the

chance to share your expertise and experience as a nurse. The nurses' tasks in hospitals, which could involve constant observation and care, could be illustrated through their online platforms or blogs.

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